

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: Audiologists
Speech-Language Pathologists
Managed Care Plans

**Memorandum No: 04-89 MAA
Issued: December 10, 2004**

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration (MAA)

**For Information Call:
1-800-562-6188**

Subject: Speech/Audiology Program: Fee Schedule Changes

Effective for dates of service on and after January 1, 2005, the Medical Assistance Administration (MAA) will:

- Begin using 2005 Current Procedural Terminology (CPT)[®] code additions as discussed in this memorandum; and
- Add maximum allowable fees for the new codes.

Added and Deleted Procedure Codes

MAA is deleting CPT code 92589 for central auditory functions tests and is replacing this code with procedure codes 92620, 92621, and 92625. Do not use CPT code 92589 for claims with dates of service after December 31, 2004.

Procedure Code	Brief Description	January 1, 2005 Maximum Allowable Fee	
		Non Facility Setting	Facility Setting
92620	Auditory function, 60 min	\$27.20	\$27.20
92621	Auditory function, + 15 min	6.80	6.80
92625	Tinnitus assessment	26.75	26.75

Billing Instructions Replacement Pages

Attached are replacement pages 15/16 for MAA's current *Speech/Audiology Program Billing Instructions*. **Note: Page 16 has no added or deleted codes; we are including it because it is attached to the back of a changed page.**

How can I obtain MAA's Provider Issuances?

To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click *the Billing Instructions and Numbered Memorandum* link). These may be downloaded and printed.

Audiologists Only (cont.)

CPT Procedure Code/ Modifier	Brief Description	January 1, 2005 Maximum Allowable Fee	
		Non Facility Setting	Facility Setting
92567	Tympanometry	\$12.92	\$12.92
92568	Acoustic reflex test	9.29	9.29
92569	Acoustic reflex decay test	9.97	9.97
92579	Visual audiometry (VRA)	17.91	17.91
92582	Conditioning play audiometry	17.91	17.91
92584	Electrocochleography	60.98	60.98
92585	Auditor evoke potent, compre	61.89	61.89
92585-TC	Auditor evoke potent, compre	45.11	45.11
92585-26	Auditor evoke potent, compre	16.78	16.78
92586	Evoked auditory test	45.11	45.11
92587	Evoked otoacoustic emissions; limited	36.73	36.73
92587-TC	Evoked otoacoustic emissions; limited	31.96	31.96
92587-26	Evoked otoacoustic emissions; limited	4.76	4.76
92588	Evoked auditory test	48.29	48.29
92588-TC	Evoked auditory test	36.05	36.05
92588-26	Evoked auditory test	12.24	12.24
92589	Auditory function test(s) Deleted 01/01/05	13.15	13.15
92601	Cochlear implt f/up exam < 7	79.34	79.34
92602	Reprogram cochlear implt < 7	55.31	55.31
92603	Cochlear implt f/up exam 7 >	52.37	52.37
92604	Reprogram cochlear implt 7 >	34.91	34.91
92620	Auditory function, 60 min	27.20	27.20
92621	Auditory function, + 15 min	6.80	6.80
92625	Tinnitus assessment	26.75	26.75



Note: Audiology function tests 92552-92553 can be paid separately.
Other tests are included in general services.

Speech-Language Pathologists Only

CPT Procedure Code	Brief Description	July 1, 2004 Maximum Allowable Fee	
		Non Facility Setting	Facility Setting
92526	Oral function therapy	\$51.01	\$17.46
92597	Oral speech device eval	59.17	30.83
92605	Eval for nonspeech device rx	Bundled	
92606	Non-speech device service	Bundled	
92607	Ex for speech device rx, 1 hr	74.81	74.81
92608	Ex for speech device rx, addl	16.32	16.32
92609	Use of speech device service	37.41	37.41
92610	Evaluate swallowing function	80.25	80.25